

04-20 06 09:16 FROM-ISLAND SKY CORP

9549214277

T-379 P01/02 U-566

RECEIVED  
CENTRAL FAX CENTER

APR 20 2006

2027 Thomas Street  
Hollywood, FL 33020  
954.922.3507  
954.921.4277

RECEIVED

APR 24 2006

OFFICE OF PETITIONS

**FAX**

**TO: MR. VORTMAN**

**FROM: THOMAS MERRITT**

**FAX: 571-273-8300**

**FAX: 954-921-4277**

**PHONE:**

**PHONE: 954-922-3507**

**SUBJECT: PETITION FOR REVIVAL  
Application # 09-475-499  
Form PTO/SB/122**

**DATE: 4/20/06**

**PAGES: 2 INCLUDING COVER**

**COMMENTS:**

**Mr. Vortman:**

**Attached please find the completed PTO Form you requested. Thank you for your kind assistance last Monday on the telephone. I appreciate whole heartedly any help rendered concerning this matter on my behalf.**

**Respectfully submitted,**

**Thomas Merritt**

04-20-'06 09:16 FROM-ISLAND SKY CORP

RECEIVED  
CENTRAL FAX CENTER

9549214277 T-379 P02/02 U-566

APR 20 2006

#5

PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS**  
*Application*

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	09 475 499
Filing Date	12-31-00
First Named Inventor	Thomas Merritt
Art Unit	
Examiner Name	Vortman
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

The address associated with  
Customer Number: \_\_\_\_\_

OR

Firm or  
Individual Name

Thomas Merritt

Address

2027 Thomas street

City Hollywood

State

Florida

Zip

33020

Country U.S.A.

Telephone

305 450 6062

Email

Tmerritt@islandsky.com

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number \_\_\_\_\_
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

Thomas Merritt

Typed or Printed

Name

4-19-06

Telephone

305 450 6062

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.